

Caught on film: identity formation and interprofessional insight using ethnographic film

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Ethnographic film is an effective method for understanding students' emerging professionalism and their professional identity formation within the curriculum. In the film accompanying this editorial, Jowsey¹ has created an ethnographical research output that provides a visual window on the topic of negotiating professional identity formation in interprofessional simulation-based education.

The ethnographic film *Prepared to Care* tracks the journeys of students from four different professions through their engagement in a 4-day simulation course about urgent and immediate patient care in Auckland, New Zealand.² The film is observational, capturing authentic student responses to 'patients' and to each other. It offers us rich information about how students display their professional selves: through interactions with peers and with simulated 'patients' in their actions, gestures, behaviours and facial expressions; and through their expression of ideas, concerns and beliefs—as evidenced in their candid short interviews following simulation debriefs. In the film, we see students learning to triage, manage their nerves and anxiety, share information in structured ways, manage tasks, and demonstrate respect and empathy as they cope with dying 'patients'.² We also see students relax immediately following simulations and in that moment it becomes clear how much effort and stress was involved during their simulation.

THE EDUCATIONAL CONTEXT OF PREPARED TO CARE

Prepared to Care is a film about the undergraduate interprofessional simulation programme called Urgent and Immediate Patient Care Week (UIPCW) taught at

the University of Auckland. The overall goal of UIPCW is to improve outcomes for future patients by offering students learning opportunities around interprofessional communication, leadership and teamwork skills. Specific objectives for all students are: systematic approach to clinical assessment, interprofessional teamwork and role clarity, recognition of knowledge gaps and how to request help, effective use of communication tools, for example, identification, situation, background, assessment, recommendation and speaking up with concerns.³

Mixed professional groups of 8–11 students are established and maintained throughout the 4-day course. Day 1 covers community care, day 2 palliative care and days 3 and 4 acute inpatient care. Medical students are present on all 4 days while pharmacy, paramedic and nursing students are present for 2–3 days. Groups move between interactive classroom-based activities and simulated scenarios. A smaller mixed professional team of students (with at least one from each profession) participate in each simulation; all students are involved in at least one scenario and otherwise observe their peers. Laerdal 3G Manikins (Stavanger, Norway) and professional actor 'patients' participate in the simulations. Structured debriefs follow each simulation. Faculty members are drawn from the medical, nursing, pharmacy and paramedicine programmes. The typical ratio of faculty to students is 1:5.

EXPLORING PROFESSIONALISM THROUGH THE FILM

Developing professional identity is considered a key process in becoming a healthcare professional.⁴ Noble *et al* write, 'Professional identity forms the core of what it means to be a professional and influences how professionals function in their role.'⁵ Is simulation a pedagogically rich activity that contributes to building professionalism? The film *Prepared to Care* makes clear that it absolutely can be. In the film, we see students functioning and learning in their professional roles but also in leadership roles and as interprofessional team

members. The interprofessional aspect is key. Students reflect on the roles, contributions and expertise of other disciplinary team members thereby raising their awareness of their own and others' roles and contributions to team-based patient care.

ETHNOGRAPHIC FILM IN SIMULATION: TIPS AND TRAPS

Ethnography is relatively new to clinical education^{6,7} and ethnographic film such as 'video-reflexive ethnography' has only recently been adopted for healthcare simulation education.⁸ From an educational perspective, why make an ethnographic film? We suggest that doing so provides a rich resource to explore learning and demonstrations of professionalism and interprofessional teamwork. When research literature discusses the merits of ethnography, it is usually in terms of offering a thick description of a phenomenon such as a simulated acute care activity and this is especially the case with ethnographic film—it captures moments as they happen with all the attendant complexities of interruptions, noise and acuity.⁹

We suggest that those who are considering making an ethnographic film that is specific to the simulation environment include a trained ethnographer on your team, ideally someone who has experience in making the ethnographical film.^{10,11} Generally speaking, films are expensive. When seeking funding, a budget should factor in costs associated with film equipment hire, editing software, film crew, film editor and technical assistance.¹² Other people resources include the narrator, a music/sound technician and an experienced film crew. Adobe Premiere is the film industry standard for editing. However, if your budget is close to zero, there are other options such as QuickTime software from Apple (<http://www.apple.com/quicktime/download/>) for 'filming' with limited editing options.

For those working with professional actor 'patients', we caution against their inclusion in the ethnographic film unless you are willing to negotiate an acting film contract through their agent. An ethics-approved research consent form, in our experience, will not meet their needs.

Most of *BMJ STEL*'s readers will be aware that running a simulation can be stressful: there are many technical aspects to manage; the outcome is largely unknown and participants in the simulation may not reach the predetermined learning outcomes. Participants might take the simulation in an unexpected direction. In an ethnographical film production of

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simulations, the stress is compounded because the outcome (storyline) is unknown. The filming process is iterative and there is no opportunity to film the simulation again, so if your camera is pointing in the wrong direction you don't catch the climax on film! You're only hope is try for short post-debrief interviews with participants, and film them describing what happened, and their reactions.

CONCLUDING REMARKS: TEACHING AND LEARNING APPLICATIONS

'Straight after a simulation, you just decompress' (nursing student in Prepared to Care)

While Prepared to Care was developed primarily as a research output, we suggest that ethnographic films about simulation training such as this one can have a place in simulation education and health professions' education more broadly. The student experiences and activities foregrounded within the simulation can be used to prepare students new to simulation, normalising the anxieties participants are likely to be feeling prior to the simulation ('Simulation puts you on the spot'—medical student in Prepared to Care) and in the debriefing. Such a film can also provide triggers for discussion on professionalism and interprofessional

education, for example, focussing on identifying and exploring the roles of the different professions in the acute care setting. The richness of ethnographic films such as Prepared to Care affords countless topics for deep exploration and learning.

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